



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Colleen McGuigan, Treasurer
Democratic Party of Wisconsin
Federal Account
222 State Street
Madison, WI 53703

FEB 19 1997

Identification Number: C00019331

Reference: 30 Day Post-General Report (10/17/96-11/25/96)

Dear Ms. McGuigan:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE OF
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FOR LINE NUMBER
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Any information copied from such Reports and Statements may not be used by any person for the purpose of soliciting contributions or for any similar purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Democratic Party of Wisconsin

C00019331

A. Full Name, Mailing Address and ZIP Code

COMMITTEE FOR GOOD GOVERNMENT
8000 E JEFFERSON AVE
DETROIT MI 48214Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

11/01/96

Aggregate Year-to-Date > \$ 4,000.00

4,000.00

B. Full Name, Mailing Address and ZIP Code

COMMITTEE ON LETTER CARRIERS PAC
100 INDIANA AVE NW
WASHINGTON DC 20001Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

11/01/96

Aggregate Year-to-Date > \$ 5,000.00

5,000.00

C. Full Name, Mailing Address and ZIP Code

ST. CROIX TRIBAL COUNCIL
PO BOX 287
HERTEL WI 54845Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

11/01/96

Aggregate Year-to-Date > \$ 3,000.00

3,000.00

D. Full Name, Mailing Address and ZIP Code

I.B.E.W.-C.O.P.E.
1125 15TH STREET NW
WASHINGTON 20005Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

11/04/96

Aggregate Year-to-Date > \$ 4,000.00

2,000.00

E. Full Name, Mailing Address and ZIP Code

BENPAC FEDERAL
453 NEW JERSEY AVE SE
WASHINGTON DC 20003Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

11/04/96

Aggregate Year-to-Date > \$ 500.00

500.00

F. Full Name, Mailing Address and ZIP Code

FRIENDS OF JERRY KLECZKA
3268 S 9TH ST
MILWAUKEE WI 53215Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

11/04/96

Aggregate Year-to-Date > \$ 28,850.71

5,000.00

G. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

19,500.00

TOTAL This Period (last page this line number only)

78,750.00

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
for each category of the
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FOR LINE NUMBER
11C

Any information copied from each Report and Statement may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such sources.

NAME OF COMMITTEE (in full)

Democratic Party of Wisconsin

C00019331

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORTHWESTERN MUTUAL LIFE PAC 720 E WISCONSIN AVE MILWAUKEE WI 53202	Occupation	10/24/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	5,000.00	3,500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UAW V CAP 8000 E JEFFERSON DETROIT MI 48214	Occupation	10/28/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	5,000.00	5,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CONCERNED ASSOCIATES EMPLOYERS PO BOX 660237 DALLAS TX 75266	Occupation	10/28/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRBA PAF 444 N CAPITOL ST. NW SUITE 800 WASHINGTON DC 20001	Occupation	10/28/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	5,000.00	5,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAY JOHNSON FOR CONGRESS PO BOX 8053 GREEN BAY WI 54308	Occupation	10/29/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	11,200.00	11,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MENOMINEE INDIAN TRIBE OF WISCONSIN PO BOX 910 KENOSHA WI 54135	Occupation	10/30/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	4,000.00	4,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
I.B.E.W.-C.O.P.E. 1125 15TH STREET NW WASHINGTON DC 20005	Occupation	10/30/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	4,000.00	2,000.00

SUBTOTAL of Receipts This Page (optional)

31,000.00

TOTAL This Period (last page this line number only)

